

# **Employment Application**

Thank you for your interest in employment with the Cannon River STEM School (CRSS). CRSS is an equal opportunity employer. Selection of applicants will be made without discrimination on the basis of race, color, creed, religion, national origin, gender, marital status, economic, disability, sexual orientation or age.

The information requested on this application may be used by CRSS in determining the suitability for employment for the position which you are currently seeking or may seek in the future. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete and accurate information may result in CRSS being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, CRSS may be unable to provide the necessary accommodations if you do not provide the requested information. The information on this application, which is classified as private data under the Minnesota Government Data Practices Act, will not be released outside CRSS without your consent except as necessary for tax purposes or as otherwise required by State or Federal law.

In accordance with the Immigration Reform and Control Act of 1986, it is unlawful for CRSS to knowingly hire unauthorized workers. If hired, you will be required to provide proof that you are a United States citizen or an alien authorized to work in the United States. As a condition of employment, new employees will be required to provide such verification as required by law within three (3) business days after the date of hire.

Date:					
Position Applying For: _					
Employment Desired: D	Full-Time Only	☐ Part-Time Only	☐ Full-Time O	R Part-Time	
How many hours can yo	u work weekly? _		Can you wo	rk nights? ☐ Yes ☐ No	
Do you have any needs t	hat may necessit	ate accommodations	in the applicatio	on/interview process? ☐ Yes	□No
If yes, please describe th	ne type of accomn	nodation requested: _			
•				] Northfield News □ Faribaul	_
□ Other					
		PERSONAL II	NFORMATIO	N	
Name:					
	(Last)		(First)	(Middle)	
Address:	(Street)		(City)	(State)	(Zip Code)
Phone Number: (Home)		(Work)		(Cell)	
Email:					

	GENERAL INFORMATION				
1.	Date Available to Begin Employment:				
2.	If you are under age 18, please list age:				
3.	Are you either a U.S. citizen or legally eligible to work in the United States? $\ \square$ Y	′es □ No			
4.	Have you ever worked for CRSS before? ☐ Yes ☐ No				
	If yes, give approximate dates, position(s) held and name if different than above	:			
5.	Are you related to anyone who works for CRSS? ☐ Yes ☐ No				
	If yes, give name and relationship:				
6.	Are you fluent in any language(s), including sign language, other than English?  If yes, which language(s):				
7.	Do you have a valid Minnesota drivers license? ☐ Yes ☐ No				
8.	Have you had any moving violations in the last three (3) years? ☐ Yes ☐ No				
	If yes, please explain:				
	LICENSES				
_					
	st current licenses, registrations or certificates required for the job that you are a		Funitation Data		
	License or Certificate Type	Date First Issued	Expiration Date		
lic	ave you ever had a license to teach suspended, revoked or has any other action beense, either in Minnesota or any other state (this includes disciplinary action for issconduct with a student)?   Yes  No				
If yes, please explain the circumstances:					
	I applicable licenses or certifications must be received by CRSS prior to employn ep a current license on file at all times. Failure to do so may result in discipline u				
	CRIMINAL BACKGROUND INFORMA	ATION			
sh	RSS will conduct a criminal background check on individuals upon making a containal become final until the criminal background check is received, the content of war CRSS.				
1.	Do you have any misdemeanor or felony charges pending? ☐ Yes ☐ No				
	If yes, please explain:				
2.	Have you ever been convicted of a misdemeanor or a felony? ☐ Yes ☐ No				
	If yes, please explain:				
3.	Have you ever been convicted of any offense involving the sexual molestation, prape of a child? ☐ Yes ☐ No	physical abuse or negl	ect, sexual abuse or		

### **EDUCATION**

Please attach additional sheets if necessary.

Name of high school, college, technical, trade, business or	Dates Attended			Degree or Certificate	
other schools attended		From	То	Major or Program Title	Granted

### **WORK EXPERIENCE**

Please print clearly. List your work experience for the past five years beginning with your most recent work experience (list each experience separately even in the same organization). Attach additional sheets if necessary. Be sure to include all information requested below.

·				
Experience #1 (Current or Most Recent Employer)				
Name of Employer:		Employer Phone Number:		
Employer Address:				
Your Last Job Title:		Employment Dates: From To		
Last Supervisor:	Hours Per W	eek:	Pay or Salary: Start _	Final
	Major Job Du	ties Perform	ed	
1				
2				
3				
4				
5				
Reason for leaving (be specific):				
May we contact this employer for a reference?	□ YES □	YES, but no	t until job is offered	□NO
Experience #2				
Name of Employer:		Employer F	Phone Number:	
Employer Address:				
Your Last Job Title:	Your Last Job Title: Employment Dates: From To			To
Last Supervisor:	Hours Per Week:		Pay or Salary: Start _	Final
Major Job Duties Performed				
1				
2				
3				
4				
5				
Reason for leaving (be specific):				
May we contact this employer for a reference? ☐ YES ☐ YES, but not until job is offered ☐ NO				

Experience #3				
Name of Employer:	Employer Phone Number:			
Employer Address:				
Your Last Job Title:		Employment Dates: From To		To
Last Supervisor:	Hours Per W	eek:	Pay or Salary: Start	Final
	Major Job Du	ties Perform	ed	
1				
2				
3				
4				
5				
Reason for leaving (be specific):				
May we contact this employer for a reference?	□ YES □	YES, but not	until job is offered	l NO
Experience #4		T		
Name of Employer:		Employer F	Phone Number:	
Employer Address:		T		
Your Last Job Title:		Employme	nt Dates: From	To
Last Supervisor:	Hours Per W	Hours Per Week: Pay or Salary: Start		Final
	Major Job Du	ties Perform	ed	
1				
2				
3				
4				
5				
Reason for leaving (be specific):				
May we contact this employer for a reference?	□ YES □	YES, but not	until job is offered	l NO
Experience #5				
Name of Employer:		Employer F	Phone Number:	
Employer Address:				
Your Last Job Title:		Employme	nt Dates: From	То
Last Supervisor:	Hours Per W	eek:	Pay or Salary: Start	Final
	Major Job Du	ties Perform	ed	
1.	-			
2				
3				
4				
5				
Reason for leaving (be specific):				
May we contact this employer for a reference?	□ YES □	YES, but not	until job is offered	I NO

## **REFERENCES**

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contact all prior employers or Reference #1	educational institutions in addition t	o the references listed below.		
Name:	Title:	Phone #:		
Address:				
Reference #2				
Name:	Title:	Phone #:		
Address:				
Reference #3				
Name:	Title:	Phone #:		
Address:				
	VETERAN'S PRI	EFERENCE		
To qualify for veteran's prefer	ence points during the screening pro	ocess you must meet all of the following:		
2. Have served on active of	nonorable conditions from any branc luty for 181 consecutive days or mor disability incurred while serving on a	e OR for the full period ordered to active duty OR have		
3. Are a United States citiz	en or resident alien;			
4. Not be eligible for or cu	rrently receiving a monthly veteran's	pension benefit based on length of military service.		
Please check any that apply.				
<ul> <li>□ I am a non-disabled veteran (5 points)</li> <li>□ I am a disabled veteran with a currently existing, compensable, service-connected disability as judged by the U.S.</li> <li>Veteran's Administration or by the Retirement Board of the Branches of the Armed Forces (10 points)</li> </ul>				
☐ I am the widow/widower	r (not remarried) of a deceased vetera	an (5 points)		
□ I am the spouse of a dis	sabled veteran who cannot work beca	use of the disability (10 points)		
If you checked any box above granted.	you must provide CRSS with a copy	of your DD214 form before the preference points will be		
CEF	RTIFICATIONS, ACKNOWLE	DGEMENT AND RELEASE		
understand that false or misle other accompanying or requir	ading information provided or any or	n is accurate and complete to the best of my knowledge. I mission or concealment of facts on this application (or any m consideration for employment and constitutes grounds		
I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with CRSS creates an actual or implied contract of employment. I understand that, if I accept employment with CRSS, it will be on an at-will basis. This means that either CRSS or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.				
I agree to submit to drug and alcohol testing, if requested by CRSS. I release CRSS and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.				
In connection with this application for employment, I authorize CRSS and any agent acting on its behalf to conduct an inquiry into any job related information contained in this application. This includes my records maintained by an education institution relating to academic performance such as transcripts, previous employment and all other aspects of my background relevant to my proposed employment. I release CRSS and its employees from all liability arising from such investigation.				
Signature:		Date:		

#### **TENNESSEN WARNING**

In accordance with the Minnesota Government Data Practices Act, Cannon River STEM School is required to inform you of your rights as they relate to the private information collected from you. Private data is information which is available to you, but not to the public; the personal information we collect about you is private. Minnesota Statutes 13.04 and 13.43 are two sections that govern what affects you as an applicant for employment with Cannon River STEM School. All data collected is considered private except for the following:

- (1) Your veteran's status
- (2) Relevant test scores
- (3) Your rank on our eligibility list
- (4) Your job history
- (5) Your education and training
- (6) Your work availability

Your name is considered private information; however, if you are selected to be interviewed as a finalist, your name becomes public information.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel policies, rules, and regulations of Cannon River STEM School. Furnishing social security numbers, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you, to appropriate school employees, and others as provided by state and federal law who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the application for employment which is not designated in this notice as private data.

Except for race, sex, age, and disability data, the information you give us about yourself is needed to identify you and to assist the Cannon River STEM School in determining your suitability for the position for which you are applying. Race, sex, age, and disability data are used in summary form by the Cannon River STEM School to monitor protected class employment and to meet federal, state, and local reporting requirements.

I declare that I have read and understand the information given above regarding the Minnesota Data Practices Act.

Signature:	 